

Please type a plus sign (+) inside this box →



Exhibit A

PTO/SB/124A (8-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

To the Commissioner of Patents and Trademarks:
Please record the following data changes to Customer Number:

Type Customer Number here

21559



☐ Please change Correspondence Address to:

Firm or
Individual
Name

Clark + Elbing LLP

Address

101 Federal Street

Address

City

Boston

State

MA

ZIP

02110

Country

Telephone

617-428-0200

Fax

617-428-7045

☐ Please delete the following practitioner registration number (s) from the Customer Number indicated above:

☐ Please add the following practitioner registration numbers to the Customer Number indicated above:

☐ Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

Request Submitted by:

Firm Name (if applicable)

Clark + Elbing LLP

Name of Person
submitting request

Shelia A Nestor

Signature

Shelia A Nestor

Telephone Number

617-428-7027

Date

3/14/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Practitioner Registration Number Supplemental Sheet

Page

of

Pages

To the Commissioner of Patents and Trademarks:

Please record the following data changes to Customer Number :

☐ Please **delete** the following practitioner registration number from the Customer Number indicated above:

☐ Please **add** the following practitioner registration numbers to the Customer Number indicated above:

Firm Name

Clark & Elbing LLP

Date

3/14/02

☐ Additional supplemental sheet(s) attached hereto

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/124A (8-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

To the Commissioner of Patents and Trademarks:
Please record the following data changes to Customer Number:

Type Customer Number here

31,020



Place Customer Number
Bar Code Label Here

PATENT & TRADEMARK OFFICE

☒ Please change Correspondence Address to:

Firm or Individual Name	Clark & Elbing LLP				
Address	101 Federal St., 15th floor				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA				
Telephone	617-428-0200	Fax	617-428-7045		

☐ Please delete the following practitioner registration number (s) from the Customer Number indicated above:

☐ Please add the following practitioner registration numbers to the Customer Number indicated above:

☐ Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

Request Submitted by:

Firm Name (if applicable)	Clark & Elbing LLP		
Name of Person submitting request	Sheila Nestor		
Signature	Sheila A Nestor		
Telephone Number	617-428-7027	Date	3/14/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Practitioner Registration Number Supplemental Sheet

Page

of

Pages

To the Commissioner of Patents and Trademarks:

Please record the following data changes to Customer Number :

31,020

☐ Please delete the following practitioner registration number from the Customer Number indicated above:

☐ Please add the following practitioner registration numbers to the Customer Number indicated above:

Firm Name

Clark & Clbing LLP

Date

3/14/02

☐ Additional supplemental sheet(s) attached hereto

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/124A (8-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

To the Commissioner of Patents and Trademarks:
Please record the following data changes to **Customer Number:**

Type Customer Number here

30,091



Place **30091** Customer Number
Bar Code Label here
PATENT & TRADEMARK OFFICE

☒ Please change Correspondence Address to:

Firm or
Individual
Name

Clark & Elbing LLP

Address

101 Federal Street

Address

City

Boston

State

MA

ZIP

02110

Country

USA

Telephone

617-428-0200

Fax

617-428-7045

☐ Please delete the following practitioner registration number (s) from the Customer Number indicated above:

☐ Please add the following practitioner registration numbers to the Customer Number indicated above:

☐ Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

Request Submitted by:

Firm Name (if applicable)

Clark & Elbing LLP

Name of Person
submitting request

Sherr A. Nestor

Signature

Sherr A. Nestor

Telephone Number

617-428-7027

Date

3/14/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number Data Change

Practitioner Registration Number Supplemental Sheet

Page _____ of _____ Pages

To the Commissioner of Patents and Trademarks:

Please record the following data changes to Customer Number :

30,091

☐ Please delete the following practitioner registration number from the Customer Number indicated above:

☐ Please add the following practitioner registration numbers to the Customer Number indicated above:

Firm Name

Clark & Elbing LLP

Date

3/14/02

☐ Additional supplemental sheet(s) attached hereto

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.